0.3% by 2020. As per the survey in 2001-02, prevalence of blindness is estimated to be 1.1 %. Target for the 10th plan is to reduce prevalence of blindness to 0.8% by 2007 by taking following steps:

(i) Setting up of State Blindness Control Societies and District Blindness Societies in States/UT.

(ii) Providing Eye care facilities to needy people at Primary, Secondary and Tertiary level through Primary Health Centres, District Hospitals, Medical Colleges and Regional Institute of Ophthalmology.

(ill) Strengthening of Eye Banks in Government/Voluntary Sectors.

(iv) Financial support to NGOs for strengthening of their existing infrastructure for Eye care.

(v) Intensification of IEC activities etc.

The National TB Control Programme (NTCP) was launched in the country in 1962. This could not achieve the desired results. Therefore, Revised National TB Control Programme (RNTCP) widely known as DOTS (Directly Observed Treatment Short Course) which is a WHO recommended strategy was implemented as a 100% Centrally Sponsored Scheme from 1997 in the country in a phased manner with the objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases. By March 2006, all the districts in the country are implementing RNTCP, allowing access to DOTS to all TB patients in the country. Under the programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the normal area and for every 50,000 population in the tribal, hilly and difficult areas. A treatment success rate of more than 85% has been reported under the revised strategy, which means that more than 8 out of every 10 patients placed on treatment under the revised strategy are being cured.

Cultivation of herbal plants

1873. SHRI PENUMALU MADHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made any study on the availability of herbal plants in the country;

(b) whether those areas have been democrated; and

(c) whether government would agree to promote cultivation of herbal plants in new areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) The Central Council for Research in Unani Medicine (CCRUM) and the Central Council for Research in Ayurveda and Siddha (CCRAS), working under the Ministry of Health and Family Welfare have carried out surveys in different forest regions of the country to ascertain the availability of various medicinal plants.

(b) and (c) The promotion of the cultivation of medicinal plants is one of the basic policy objectives of the Government. Medicinal plants of commerical importance have been indentified for cultivation in various agro climatic conditions. The National Medicinal Plants Boards has been implementing a Contractual Farming Scheme under which financial assistance is provided to Farmers/growers for the Cultivation of medicinal plants. The scheme is being implemented in all States and Union Territories of the country. The Department of Agriculture and Cooperation has launched a Centrally sponsored Scheme under the National Horticulture Mission (NHM) during the 10th Five Year Plan in which at the initiative of the National Medicinal Plants Board, the cultivation of medicinal plants have been included as one of the components from 2006-07.

Child deaths

1874. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 10,000 kids dies in the country everyday and nothing is being done;

(b) if so, the details thereof;

(c) the reasons therefore;

(d) whether Government are seeing to it that the basic amenities are not privatized and children can avail of them free of cost, and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) No, Sir. As per the latest available data released